

03 MAY 16 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	Applied For
41-1894300	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code	
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of respondent agent and title if applicable

(NOTE: Registered Agent Signature Required when reinsuring)

DATE _____

FILE NO ARN00FEETS ASO 005
Make Check Payable to: Florida Department of State
Due By: May 1, 2003

9. **MANAGING MEMBERS/MANAGERS**

ADDITIONS/CHANGES

TITLE	MGR	☐ Delete
NAME	BEDNAROWSKI, KEITH P	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 55343	

TITLE	MGR	☐ Del
NAME	SCHIFERL, RONALD W	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 55343	

TITLE	MGR	☐ Del
NAME	DECKAS, ANDREW C	
STREET ADDRESS	10360 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 55343	

TITLE	MGR	☐ Delete
NAME	COMPA, LUZ	
STREET ADDRESS	10350 BREN ROAD WEST	
CITY-ST-ZIP	MINNETONKA, MN 55343	

TITLE	MGR	☐ Delete
NAME	LAU, WADE	
STREET ADDRESS	10360 BREN ROAD WEST	
CITY, ST, ZIP	MINNETONKA, MN 55343	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE	
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST. ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of the trust empowered to execute this report as required by Chapter 806, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Quesada

Endgame Sheet 4